



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

February 5, 2008

Dollie Wallace, Administrator
Spring Creek Manor V, LLC - Special Care Unit
187 E Calderwood Avenue
Meridian, ID 83642

License #: RC-870

Dear Ms. Wallace:

On December 4, 2007, a complaint investigation survey was conducted at Spring Creek Manor V, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DEBBIE SHOLLEY, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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PHONE: (208) 334-5747
FAX: (208) 364-1811

December 20, 2007

Dollie Wallace, Administrator
Spring Creek Manor V, LLC - Special Care Unit
187 E Calderwood Avenue
Meridian, ID 83642

Dear Ms. Wallace:

On December 4, 2007, a complaint investigation survey was conducted at Spring Creek Manor V, LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by January 4, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Simpson", is written over the printed name.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/sc

Enclosure



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December 20, 2007

Dollie Wallace, Administrator
Spring Creek Manor V, LLC - Special Care Unit
187 E Calderwood Avenue
Meridian, ID 83642

Dear Ms. Wallace:

On December 4, 2007, a complaint investigation survey was conducted at Spring Creek Manor V, LLC. The survey was conducted by Diane Schafer, RD, Polly Watt-Geier, MSW and Debra Sholley, LSW. This report outlines the findings of our investigation.

Complaint # ID00003244

Allegation #1: A resident's right to a clean and sanitary environment was not protected.

Findings: Based on observation and interview, it was determined that the environment was clean and sanitary.

On December 3, 2007 between 10:10 AM and 11:15 AM, the resident rooms and common areas were observed to be clean. On December 3, 2007 at 3:12 PM, the housekeeper reported that she vacuums and empties trash daily. The house manager stated caregivers assist with cleaning on the weekends.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #2: The facility did not assist a resident with his bathing and hygiene needs.

Findings: Based on record review and interviews, it was determined that the facility staff did attempt to provide assistance to the resident with his bathing and hygiene needs.

The behavior flow sheets indicated that the resident had refused bathing and personal care assistance, would not change his clothes and interventions that the staff would try to redirect the resident's behavior.

On December 3, 2007 at 3:11 PM, a facility nurse confirmed the residents refusal to bathe and that it took his daughter to come in to the facility to get him to bathe. On December 3, 2007 at 3:54 PM, the house manager and administrators confirmed the resident had refused bathing and staff were encouraging the resident to bathe.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation. The facility was cited for not documenting the effectiveness of their behavior interventions and no notification of the resident's physician of his refusal to bathe.

Allegation #3: The identified resident was not given PM medications as ordered by the physician.

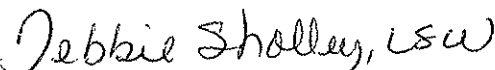
Findings: Based on record reviews and interviews, it could not be determined that the identified resident was not assisted with his PM medications.

A review of the identified resident's closed record for October and November 2007 medication assistance record (MAR) documented that the resident was assisted with his medications as ordered by his physician. On December 3, 2007 at 3:11 PM, the facility nurse stated that the family was there in October for a family meeting and they were inquiring about the resident missing his medications. The medications were explained and the documentation that the resident had been assisted with medications was shown to the family. On December 3, 2007 at 3:54 PM, the house manager stated that the resident always took his prescribed medications and never refused to take any of them. In a medication assistance record (MAR) review of 6 random records, it was documented that medications were given consistently according to the physician orders.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,


DEBBIE SHOLLEY, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Debra Sholley, LSW, Health Facility Surveyor



BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name	Physical Address	Phone Number
Spring Creek Manor V, SCH	187 E. Calderwood Avenue	(208) 884-6199
Administrator	City	ZIP Code
Dolly Wallace	Meridian ID	83642
Survey Team Leader	Survey Type	Survey Date
Dobbie Sholley	Complaint Investigation	12/4/07

NON-CORE ISSUES

NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

Date Signed _____

114107

Robert Wallace

12-4-07